



**Ameritrade**  
Institutional

Reset Form

## STANDARD ACCOUNT APPLICATION

Account # \_\_\_\_\_  
Advisor Code ZH8  
Case # \_\_\_\_\_

### INVESTMENT ADVISOR: TO BE COMPLETED BY ADVISOR

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: Forests Financial Analytics Inc Primary Contact: Vincent P Emmer

### ACCOUNT TYPE: PLEASE CHECK THE APPROPRIATE BOX

☐ Individual

☐ Custodial Account (UGMA/UTMA)<sup>1</sup> Under the Laws of (State)<sup>2</sup> \_\_\_\_\_ Age of Termination<sup>2</sup> \_\_\_\_\_  
(state of UGMA/UTMA establishment must be provided)

☒ Joint Tenants with Rights of Survivorship If one Joint owner dies, his/her interest passes to the surviving owner(s). (Not available for Louisiana residents)<sup>3</sup>

☐ Tenants in Common \_\_\_\_\_ % Owner \_\_\_\_\_ % Co-owner If one Joint owner dies, his/her interest passes to his/her estate (50/50, unless otherwise noted).

☐ Community Property For AZ, CA, ID, LA, NM, NV, PR, TX, WA, and WI only. Laws vary by state.

☐ Tenants by the Entirety If one Joint owner dies, his/her interest passes to the surviving owner (Spouses only). Not available in all states. Laws vary by state.

☐ Estate Decedent's account number at TD Ameritrade: \_\_\_\_\_ Provide estate name and estate tax ID in Section 2, and the executor's information in Section 3. Include a copy of the decedent's death certificate, and a copy of the Letters of Testamentary.

☐ Guardianship<sup>4</sup> Please include a copy of the court certified letter of guardianship.

☐ Conservatorship<sup>4</sup> Please include a copy of the court certified letter of conservatorship.

<sup>1</sup> Provide minor's information in the Primary Account Owner information portion of Section 2, and the custodian's information in the Joint Account Owner portion of Section 3. Complete the Custodian's Designation of Successor Custodian to UGMA/UTMA Account form. If the custodian dies or becomes incapacitated without designating a successor, a court certified Appointment of Successor Custodian may be required.

<sup>2</sup> The age of termination varies by state, although most states set the age of termination at 21. If you do not indicate the age of termination, the account will be set up with the state's default age of termination according to applicable state law. Certain states permit the age of termination to be extended beyond the default statutory age of termination (usually up to 21 or 25 years of age). This election may be exercised only in those states that specifically provide for it, and only insofar as the extension complies with any applicable requirements.

<sup>3</sup> I understand that electing to extend the age of termination to age 25 may cause me to lose my annual exclusion from federal gift tax and that I should consult with an attorney or tax advisor before making this election.

<sup>4</sup> For residents of Louisiana, if married the account type will default to Community Property. If not married account type will default to Tenants in Common.

<sup>5</sup> Additional information and/or paperwork may be required. Please contact your advisor.

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### PRIMARY ACCOUNT OWNER: COMPLETE ALL INFORMATION BELOW FOR THE PRIMARY OR MINOR ACCOUNT OWNER

First Name: Marc	Middle Initial: G	Last Name: Brideau
Estate Name:	Social Security Number/Estate Tax ID: 014-38-2105	Date of Birth: 4/23/1957
Primary Telephone Number: 303-846-7353	<input type="checkbox"/> Check here if this is not a U.S. phone number. Secondary Telephone Number: 303-257-0385	<input type="checkbox"/> Check here if this is not a U.S. phone number.
Email Address (required for electronic delivery of your account statement and trade confirmations): brideau@charter.net		
Home Street Address (No PO Boxes): 88 Schott Drive		
City: Pine	State: CO	ZIP Code: 80470
Mailing Address (if different from above):		
City:	State:	ZIP Code:
Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
Employer Name (if self-employed, please provide the name of your business):		
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 6. Occupation: Industry of Occupation:		
Employer Street Address:		
City:	State:	ZIP Code:

